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## FISCAL IMPACT REPORT

**SPONSOR** Sanchez **ORIGINAL DATE** 02/15/21 **LAST UPDATED** 02/24/21 **HB** \_\_\_\_\_  
**SHORT TITLE** Eye Tests for School Kids **SB** 353 \_\_\_\_\_  
**ANALYST** Chilton \_\_\_\_\_

### **ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>3 Year Total Cost</b>	<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>Total</b>		\$100.0- \$500.0	\$100.0- \$500.0	\$200.0- \$1,000.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### **SOURCES OF INFORMATION**

LFC Files

#### Responses Received From

Medical Board (MB)

Public Education Department (PED)

Early Childhood Education and Care Department (ECECD)

Department of Health (DOH)

#### No Response Received

Regional Education Cooperatives (REC)

Albuquerque Public Schools (APS)

Regulation and Licensing Department (RLD)

### **SUMMARY**

#### Synopsis of Bill

Senate Bill 353 would modify the vision screening section of the Public School Code (Section 22-13-30 NMSA 1978) and the Early Childhood Care and Education Act (Section 32A-23A NMSA 1978) to provide the requirement for children to be screened by an optometrist for students enrolled in school and preschool, respectively. Parents are given the ability to opt out of this requirement on behalf of their children.

Section 1 of the bill applies to children entering a New Mexico school for the first time and under ten years of age, who did not meet the same requirement in preschool. Each such child not excused by a parent opting out would be required to undergo an eye exam of board of optometry-specified composition (although components of the examination are listed in section 1E of the

bill) by a licensed optometrist, submitting evidence of the exam by January 1 following the child's first enrollment. PED and DOH would be required to maintain and publicize a list of providers of reduced and free optometric examination opportunities. Results of each child's optometric exam would be transmitted to DOH, and kept there and by the optometrist for seven years.

In addition to the required optometric exam, a trained school employee would also administer a vision exam for children in pre-kindergarten, kindergarten, first and third grades.

Section 2 of the bill applies the same requirements (and the parent's ability to opt out) to children less than six years old entering a public preschool or school or Head Start program.

There is a severability clause for each section of the bill.

The effective date of this bill is July 1, 2021.

### **FISCAL IMPLICATIONS**

There is no appropriation in Senate Bill 353.

There may be a short term increase in costs to the Medicaid program for examinations with passage of this bill. As downstream costs of undetected vision problems are probably higher, the net effect in the long term may be a decrease in costs of later treatment and learning difficulties related to the defects detected.

DOH indicates that costs would be in the \$100 thousand to \$500 thousand annual range: "It is uncertain how many FTEs would be needed to facilitate the administration and maintenance of documentation for all public-school students. This bill would result in the need for ongoing, annual efforts at state/regional/local level to provide school/health staff awareness of the requirement, as well as to collaborate to compile and maintain a list of federal, state, local, or private programs for referral for free or reduced cost. SB353 also requires that schools transmit a copy of the results of the comprehensive vision exam to DOH and DOH will need to retain the results for seven years. This would require administrative support for receiving and filing, as well as storage of the documents."

### **SIGNIFICANT ISSUES**

According to the organization Eyes on Learning and most other experts, "Uncorrected vision problems are linked with lower early literacy performance and pre-reading skills in preschool and kindergarten." At one point, vision problems were blamed for dyslexia and vision therapy was employed with very controversial effects. Nevertheless correction of vision problems, especially the three common problems of refractive errors, strabismus and amblyopia is important for many reasons including learning.

The four professions most commonly involved in eye examination (as contrasted with vision screening, most often carried out by school nurses) are pediatricians, family physicians, optometrists and ophthalmologists. Each, through their professional organizations, has

statements about the importance of vision screening of school-aged children, which are excerpted below:

From the American Academy of Ophthalmology:

### **Common Childhood Vision Problems**

Refractive errors are very common. They cause blurry vision and are corrected with glasses. There are three main refractive errors:

**Farsightedness (hyperopia).** Close objects are blurry to a child (such as when reading), and distant objects are seen more clearly. Most children are minimally to moderately [farsighted](#).

[Nearsightedness \(myopia\)](#). A child sees near objects more clearly than distant objects. Children with myopia should get an eye exam before and during [growth hormone therapy](#).

**Astigmatism.** [With astigmatism](#), near and far vision are blurry. It's almost like looking into a fun house mirror in which you appear too tall, too wide or too thin.

It is possible to have two or more refractive errors at the same time. Without treatment, refractive errors can lead to more serious vision problems.

### **Strabismus**

[Strabismus](#) is when the eyes are misaligned and point in different directions. For healthy vision to develop into adulthood, both eyes must work together.

### **Amblyopia**

[Amblyopia \(lazy eye\)](#) is when one or both eyes do not develop normal vision during childhood. Eye problems like strabismus or refractive errors keep the eye from seeing correctly. This leads to a lazy eye.

A child is not likely to tell you their vision is blurry. And often, a parent does not see signs of strabismus, amblyopia or [refractive errors](#). This is why it's so important to [screen for eye disease during these critical years](#).

From the American Optometric Association:

Because of the importance of vision in learning, early detection and treatment of vision problems in school-age children are major public health goals as delineated in Healthy People 2010. An estimated 17-25 percent of school-age children have vision problems, many of which may interfere with the children's abilities to reach their potential in school. It is clear that all school-age children should have comprehensive eye and vision examinations, before entering the first grade and periodically thereafter. Some children may require more frequent care, depending on the nature of any diagnosed eye or vision disorder.

From the American Academy of Pediatrics: "Eye examinations and vision assessments are

critical for the detection of conditions that often result in visual impairment, signify serious systemic disease, lead to problems with school performance, and, in some cases, threaten the child's life.” (Although it must be said that life-threatening problems almost exclusively occur in infancy, e.g., retinoblastoma, a malignant tumor of the eye.)

And the American Academy of Family Physicians writes “Vision screening can reveal conditions commonly treated in primary care and can aid in discussion of visual concerns with parents or caregivers. The purpose is to detect treatable visual abnormalities and to identify those patients who require referral for a comprehensive evaluation by an ophthalmologist skilled in examining children.<sup>1</sup> Referral is indicated after the first screening failure.<sup>1</sup> The American Academy of Family Physicians and the U.S. Preventive Services Task Force recommend vision screening at least once in all children three to five years of age.”

PED reiterates much of the above regarding the importance of vision examination, but cites additional concerns about the workability of the bill's provisions:

One issue of concern is the potential lack of access to a licensed optometry practitioner, as would be required by SB353. Many students, especially those living in rural areas, may have difficulty accessing this type of provider without extensive travel. To further complicate access issues, many optometry providers in the state do not accept Medicaid. Nearly half of New Mexico children receive Medicaid benefits, which may create an additional barrier to accessing a vision provider. Although families have the option to request an exemption, as outlined in SB353, lack of access may obligate families to take this route and may create a situation of stigmatization surrounding their decision to opt-out of this comprehensive eye examination requirement.

Unrelated to student health, SB353 would require schools to collect the cost of eye examinations and the methods of payment and transmit to DOH. The legislation does not make clear the purpose of this particular data collection, and families may be uncomfortable with such information being collected and shared.

ECECD quotes the organization Preventing Blindness as saying that one in five preschool age children enrolled in Head Start have a vision disorder. <https://preventblindness.org/about-the-childrens-vision-and-eye-health-report/>. EDECD goes on to write that “With such a significant percentage of children having vision problems early in their formative years, it is fundamental for comprehensive vision screenings to be done early in life to prevent exacerbating health issues in the future. In addition, vision impairment impacts social emotional development. For example, one study found that 55 percent of children with vision disorders or impairment were depressed. “Children [with vision issues] feel compromised, exhibit stereotypical behavior such as anxiety, depression or excessive thought. They face difficulty in social interactions and making contacts and thus prefer to live in isolation.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4859038/#ref12>.

## TECHNICAL ISSUES

The bill specifies that the required eye exams be performed by optometrists. Ophthalmologists are also qualified to do child eye exams but are not mentioned in the bill. Pediatricians and family physicians also screen for vision problems in young children, referring problems found to specialists. Data are not found that indicate whether their results are inferior to examination by

optometrists and ophthalmologists.

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